

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 2812
Registered No. 2812

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1134 Line Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isauro Garcia Hernandez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth March 2 1928.
Month Day Year

8. FATHER
Full name Juan Garcia Hernandez
9. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona

10. Color or race Spanish
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Andalusia
(State or country) Spain

13. Occupation
Nature of industry miner

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 5
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Esperizana Hernandez
15. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona

16. Color or race Mex.
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Michoacan
(State or country) Mex.

19. Occupation
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 8 A. m. on the date above stated.
(Born alive or stillborn)

Signature Leyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____

Registrar. July 9, 1928 C. E. Dinn
Filed _____ Registrar.

989-302-589